

## PRESCRIPTION MEDICATION RELEASE FORM

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program Site: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_  
\_\_\_\_\_

Time Medication is to be Administered: \_\_\_\_\_ Dosage: \_\_\_\_\_

Precise Method of Administering Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date for Medication: \_\_\_\_\_ End Date for Medication: \_\_\_\_\_

Does child possess knowledge and ability to self-administer medication?  Yes  No

If medication is as needed, please describe symptoms or indications that would require medication:

\_\_\_\_\_  
\_\_\_\_\_

Special Considerations (special instructions, precautions, possible side effects, other comments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL CONSENT:** I authorize City of Burbank Parks & Recreation Department staff to assist my child in taking the medication listed above in accordance with the instructions provided above. I understand that Parks & Recreation staff are non-medically trained personnel and that it is my responsibility to provide complete legible directions and instructions for the administering of the medication listed above. I authorize Parks & Recreation staff to communicate with the physician listed below regarding my child's medication and/or medical condition.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**PHYSICIAN CONSENT:** I have prescribed the medication listed above for this child.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Print Physicians Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

For Office Use Only

**Date Form Received:** \_\_\_\_\_

**Approved:** Program Supervisor \_\_\_\_\_ Site Leader \_\_\_\_\_  
Signature Signature